



Application No. (if known): 10/510,592

Attorney Docket No.: 58799(71699)

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on January 25, 2008
Date

Signature

Jonathan M. Sparks, Ph.D.

Typed or printed name of person signing Certificate

53,624
Registration Number, if applicable

(617) 517-5543
Telephone Number

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Fee Transmittal (1 page)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Notice of Appeal (1 page)
Amendment Transmittal (1 page)
Amendment In Response To Final Office Action (11 pages)
Abstract (1 page)
Charge \$780.00 to deposit account 04-1105



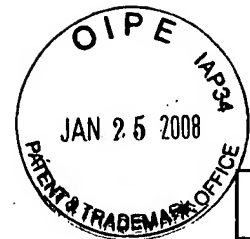
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/510,592-Conf. #9269
TOTAL AMOUNT OF PAYMENT		Filing Date	August 17, 2005
(\$)		First Named Inventor	Ronald Rodriguez
780.00		Examiner Name	B. A. Whiteman
		Art Unit	1635
		Attorney Docket No.	58799(71699)

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 04-1105
Deposit Account Name: The Johns Hopkins University	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						210	105
Multiple dependent claims						370	185
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
7 - 20 =		x	=		Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 =		x	=				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/50 =	(round up to a whole number) x	=				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2253 Extension for response within third month						525.00	
2401 Notice of appeal						255.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	53,624
Name (Print/Type)	Jonathan M. Sparks, Ph.D.	Telephone	(617) 517-5543
		Date	January 25, 2008

**AMENDMENT TRANSMITTAL LETTER**Docket No.
58799(71699)Application No.
10/510,592-Conf. #9269Filing Date
August 17, 2005Examiner
B. A. WhitemanArt Unit
1635

Applicant(s): Ronald Rodriguez et al.

Invention: PACKAGING CELL LINE FOR DIPHTHERIA TOXIN EXPRESSING NON-REPLICATING
ADENOVIRUS**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	7	- 20 =		x	
Independent Claims		- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month; Notice of appeal					780.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					780.00

☐ Large Entity☒ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 04-1105 in the amount of \$ 780.00.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-1105
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Jonathan M. Sparks, Ph.D.
Attorney/Agent Reg. No.: 53,624Dated: January 25, 2008EDWARDS ANGELL PALMER & DODGE LLP
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